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**U.S. PTO**

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|  |                 |             |                       |
|--|-----------------|-------------|-----------------------|
| Attorney Docket No.                            | RPS920030201US1 | Total Pages | 32                    |
| First Named Inventor or Application Identifier |                 |             | U.S. 10/748056<br>302 |
| Charles Ball                                   |                 |             |                       |
| Express Mail Label No.                         | ER211528920US   |             |                       |

123003

| APPLICATION ELEMENTS<br>See MPEP chapter 600 concerning utility patent application contents.   |  | Commissioner for Patents<br>Mail Stop Patent Application<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
|--|--|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form<br><i>(Submit an original, and a duplicate for fee processing)</i>   | 6. <input type="checkbox"/> Microfiche Computer Program ( <i>Appendix</i> )  |  |
| 2. <input checked="" type="checkbox"/> Specification <i>(Total Pages) 26</i><br><i>(Preferred arrangement set forth below)</i>   | 7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>  |  |
| <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Application</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to Microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings <i>(if filed)</i></li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> |  |  |
| 3. <input checked="" type="checkbox"/> Drawing(s) <i>(35 USC 113)</i> <i>(Total Pages) 6</i>   | 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))  |  |
| 4. Oath or Declaration <i>(Total Pages) _____</i>  | 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney   |  |
| a. <input type="checkbox"/> Newly executed (original or copy)  | 10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>   |  |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><i>(for continuation/divisional with Box 17 completed)</i><br><i>[Note Box 5 below]</i>  | 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations  |  |
| i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u><br>Signed statement attached deleting inventor(s) named in prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  | 12. <input type="checkbox"/> Preliminary Amendment   |  |
| 5. <input type="checkbox"/> Incorporation by Reference <i>(useable if Box 4b is checked)</i><br>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.   | 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i>   |  |
|  | 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) <input type="checkbox"/> Status still proper and desired |  |
|  | 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i>   |  |
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**17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:**

Continuation     Divisional     Continuation-in-part (CIP) of prior application No.:

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**Assignee Name:** INTERNATIONAL BUSINESS MACHINES CORPORATION  
**Assignee Residence:** Armonk, New York

**Assignee Residence: Armonk, New York**

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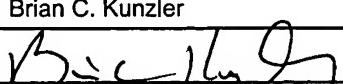
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**FEE TRANSMITTAL**

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|-------------------------|---------|------------------------|-----------------|
| TOTAL AMOUNT OF PAYMENT | \$ 1208 | Attorney Docket Number | RPS920030201US1 |
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| METHOD OF PAYMENT (check one)  |          | FEE CALCULATION (continued)  |            |  |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
|--|----------|--|------------|--|--------------------------|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|-----|------|----|-------------------------------------|--|------|----|------|----|--|--|------|-----|------|-----|---------------------------|--|------|------|------|------|--|--|------|------|------|------|--|--|------|-------|------|-------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|------|------|-----|---|--|------|------|------|------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|------|------|------|---|--|------|-----|------|----|----------------------------------|--|------|------|------|-----|------------------------------------|--|------|------|------|-----|-------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|---|--|------|-----|------|-----|---|--|------|----|------|----|--|---|------|-----|------|-----|---|--|------|-----|------|----|--|--|---------------------------|--|--|--|--|--|--------------|--|--------|--|--|--|-----------|--|----------------|----------|--|--|--------------|----|----------|------------|--|--|-------------|---|--------|------------|--|--|----------------------|--|---|-----------|--|--|--------------|--|--------|--|------------------------------|-------------------|
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| Deposit Account Number: <u>50-0563</u>   |          | <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2520</td> <td>1812</td> <td>2520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1840*</td> <td>1805</td> <td>1840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2010</td> <td>2255</td> <td>1005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1510</td> <td>1451</td> <td>1510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - intentional</td> <td></td> </tr> <tr> <td>1453</td> <td>1330</td> <td>2453</td> <td>665</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1330</td> <td>2501</td> <td>665</td> <td>Utility issue fee</td> <td></td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1503</td> <td>640</td> <td>2503</td> <td>320</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>0</td> </tr> <tr> <td>1809</td> <td>770</td> <td>2809</td> <td>385</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>1814</td> <td>110</td> <td>2814</td> <td>55</td> <td>Statutory disclaimer (37 CFR 1.120(d))</td> <td></td> </tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">SUBTOTAL (1)</td> <td colspan="2">\$ 770</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">2. CLAIMS</td> <td>Fee from below</td> <td>Fee Paid</td> <td colspan="2"></td> </tr> <tr> <td>Total Claims</td> <td>30</td> <td>-20 = 10</td> <td>x 18 = 180</td> <td colspan="2"></td> </tr> <tr> <td>Ind. Claims</td> <td>6</td> <td>-3 = 3</td> <td>x 86 = 258</td> <td colspan="2"></td> </tr> <tr> <td>Multiple Dep. Claims</td> <td></td> <td>0</td> <td>x 290 = 0</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">SUBTOTAL (2)</td> <td colspan="2">\$ 438</td> <td>*Reduced by Basic Filing Fee</td> <td>SUBTOTAL (3) \$ 0</td> </tr> </tbody> </table> |            |  |                          | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath |  | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 1053 | 130 | 1053 | 130 | Non-English specification |  | 1812 | 2520 | 1812 | 2520 | For filing a request for reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1840* | 1805 | 1840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2010 | 2255 | 1005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1510 | 1451 | 1510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - intentional |  | 1453 | 1330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1330 | 2501 | 665 | Utility issue fee |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 0 | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1814 | 110 | 2814 | 55 | Statutory disclaimer (37 CFR 1.120(d)) |  | Other fee (specify) _____ |  |  |  |  |  | SUBTOTAL (1) |  | \$ 770 |  |  |  | 2. CLAIMS |  | Fee from below | Fee Paid |  |  | Total Claims | 30 | -20 = 10 | x 18 = 180 |  |  | Ind. Claims | 6 | -3 = 3 | x 86 = 258 |  |  | Multiple Dep. Claims |  | 0 | x 290 = 0 |  |  | SUBTOTAL (2) |  | \$ 438 |  | *Reduced by Basic Filing Fee | SUBTOTAL (3) \$ 0 |
| Large Entity   |          | Small Entity   |            | Fee Description  | Fee Paid                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| Fee Code   | Fee (\$) | Fee Code   | Fee (\$)   |  |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1051   | 130      | 2051   | 65         | Surcharge - late filing fee or oath  |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1052   | 50       | 2052   | 25         | Surcharge - late provisional filing fee or cover sheet                     |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1053   | 130      | 1053   | 130        | Non-English specification  |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1812   | 2520     | 1812   | 2520       | For filing a request for reexamination                                     |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1804   | 920*     | 1804   | 920*       | Requesting publication of SIR prior to Examiner action                     |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1805   | 1840*    | 1805   | 1840*      | Requesting publication of SIR after Examiner action                        |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1251   | 110      | 2251   | 55         | Extension for reply within first month                                     |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1252   | 420      | 2252   | 210        | Extension for reply within second month                                    |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1253   | 950      | 2253   | 475        | Extension for reply within third month                                     |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1254   | 1480     | 2254   | 740        | Extension for reply within fourth month                                    |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1255   | 2010     | 2255   | 1005       | Extension for reply within fifth month                                     |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1401   | 330      | 2401   | 165        | Notice of Appeal   |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1402   | 330      | 2402   | 165        | Filing a brief in support of an appeal                                     |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1403   | 290      | 2403   | 145        | Request for oral hearing   |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1451   | 1510     | 1451   | 1510       | Petition to institute a public use proceeding                              |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1452   | 110      | 2452   | 55         | Petition to revive - intentional   |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1453   | 1330     | 2453   | 665        | Petition to revive - unintentional   |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1501   | 1330     | 2501   | 665        | Utility issue fee  |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1502   | 480      | 2502   | 240        | Design issue fee   |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1503   | 640      | 2503   | 320        | Plant issue fee  |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1460   | 130      | 1460   | 130        | Petitions to the Commissioner  |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1807   | 50       | 1807   | 50         | Petitions related to provisional applications                              |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1806   | 180      | 1806   | 180        | Submission of Information Disclosure Stmt                                  |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 8021   | 40       | 8021   | 40         | Recording each patent assignment per property (times number of properties) | 0                        |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1809   | 770      | 2809   | 385        | Filing a submission after final rejection (37 CFR 1.129(a))                |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 1814   | 110      | 2814   | 55         | Statutory disclaimer (37 CFR 1.120(d))                                     |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| Other fee (specify) _____  |          |  |            |  |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| SUBTOTAL (1)   |          | \$ 770   |            |  |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| 2. CLAIMS  |          | Fee from below   | Fee Paid   |  |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| Total Claims   | 30       | -20 = 10   | x 18 = 180 |  |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| Ind. Claims  | 6        | -3 = 3   | x 86 = 258 |  |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| Multiple Dep. Claims   |          | 0  | x 290 = 0  |  |                          |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| SUBTOTAL (2)   |          | \$ 438   |            | *Reduced by Basic Filing Fee   | SUBTOTAL (3) \$ 0        |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| SUBMITTED BY   |          |  |            |  | Complete (if applicable) |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
| Typed or Printed Name  |          | Brian C. Kunzler   |            |  | Reg. Number 38,527       |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |   |      |     |      |     |   |  |      |     |      |    |  |  |                           |  |  |  |  |  |              |  |        |  |  |  |           |  |                |          |  |  |              |    |          |            |  |  |             |   |        |            |  |  |                      |  |   |           |  |  |              |  |        |  |                              |                   |
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PATENT APPLICATION  
Docket No.: RPS920030201US1

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Date of Deposit: December 30, 2003

I hereby certify that this patent application in the name of Charles Ball, Ryan C. Catherman, David C. Challener, James P. Hoff, and James P. Ward for APPARATUS, SYSTEM, AND METHOD FOR SHARED ACCESS TO SECURE COMPUTING RESOURCES, together with the drawings, are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above in an envelope addressed to MailStop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Respectfully submitted,

  
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Date: December 30, 2003

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